



Mark Parkinson, Governor  
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH  
AND ENVIRONMENT

[www.kdheks.gov](http://www.kdheks.gov)

Division of Health

### NAME/ADDRESS CHANGE

For name/address change, please complete this form and submit a copy of identification with your current name. (For example, a copy of your social security card with current name, Driver's License with current name, Marriage License, or Divorce Decree, whichever applies).

Please indicate license type and number:

\_\_\_\_\_ Speech-Language Pathologist  
\_\_\_\_\_ Audiologist  
\_\_\_\_\_ Dietitian  
\_\_\_\_\_ Adult Care Home Administrator

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Previous Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

A printable verification of your license which would verify your new name can be obtained at [www.kdhehealthlicense.org](http://www.kdhehealthlicense.org) at no cost.

If you would prefer a new pocket card be printed please indicate below and include payment in the amount of \$10.00 payable to "KDHE."

\_\_\_\_\_ I am requesting a new pocket card be printed and have enclosed the required \$10.00 fee.

Signature

Date